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APPLICANTS

James D. Daugherty, Brookfield, OH;

Frederick Donald Esenwein, Canfield, OH;

Joseph Howard Gladd, Cortland, OH; William C. Ketterer, Girard, OH;

Andrew Michael Spisak, Youngstown, OH;

** CONTINUING DATA ***** none/cn

** FOREIGN APPLICATIONS ***** none/cn

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <u>CN</u>	Initials <u>CN</u>		

ADDRESS

DAVID P. WOOD

DELPHI TECHNOLOGIES, INC.

Legal Staff, Mail Code: 480-410-202

P.O. Box 5052

Troy, MI

48007-5052

TITLE

Coaxial cable termination system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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